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PTO/SB/05 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

Attomey Docket No. TI-34917.1

First Inventor David G. Farber, et al.

Title Etch Back of Interconnect Dielectrics

TRANSMI	Title Etch Back of Interconnect Dielectrics							
(Only for new nonprovisional applications under 37 CFR 1.53(b))			ss Mai	l Label	No.	EV333323948US		—)
APPLICATIO See MPEP chapter 600 concern	tents	A	DDR	ESS TO:	Assistant Comm Box Patent Appli Washington, DC		S	
1. X Fee Transmittal Form (e (Submit an original, and a c				7.		M or CD-R in duplicate, lar er Program (Appendix)	ge table or	70 8
2 Applicant claims small e See 37 CFR 1.27.	entity status.			8.		d/or Amino Acid Sequence all necessary)	e Submission	S. PT.
	(preferred arrangement set forth below) a. Computer Readable Form (CRF)					U. 712		
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- Claim(s) - Abstract of the Disclos	ure				<u> </u>	ANYING APPLICA		
4. X Drawing(s) (35 U.S.C. 1		8]	9.	37 CFR	ment Papers (cover she 3.73(b) Statement here is an assignee)	et & documents(s) X Power of Attorney)
5. Oath or Declaration	[Total Pages	2]	11.	English	Translation Document	(if applicable)	
a. Newly Executed	(original or copy)			12.		tion Disclosure. ent (IDS)/PTO-1449	Copies of II Citations	DS
	r application (37 CFR 1.63(d)) divisional with Box 18 complete	ed)		13.	X Prelimi	nary Amendment		
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35								
6. Application Data Sheet.	See 37 CFR 1.76			17.		uivalent.		
18. If a CONTINUING APPLICA	TION, check appropriate bo	x, and :	supply			ation below and in a pr	eliminary amendr	nent,
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No:10/375,996 Prior application information: Examiner: Pershelle L. Greene Group / Art Unit:2826 For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
	19. CORRESPONDENCE ADDRESS							
	Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) Or Correspondence address below							
NAME Texas Inst	ruments Incorporated							
ADDRESS	07475					710 0005		
COUNTRY	STATE STATE	(972)	917-	4167		ZIP CODE FAX	(972) 917-4418	
Name (Print/Type)	Rose Alyssa Keagy	· · · · · · · · · · · · · · · · · · ·		fj:	Registration	No(Attorney/Agent)	R g. No. 35,	=

Name (Print/Type)	Rose Alyssa Keagy,	Registration No(Attorney/Agent)	R g. No. 35, 095
Signature	forethings	Date	11/12/03

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	for FY 2003				ate		Herewith		
				First Named In			David G. Farber, et al.		
				Examine	er Nam	ie	Pershelle L. Greer	16	
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TOTAL AMOUNT O	F PAYMENT	(\$) 1.022.00		Attorney	/ Dock	et No.	TI-34917.1		
	METHOD OF	PAYMENT				FEE (CALCULATION (continued)		
	mmissioner is here Account,	by authorized to charge to the following	3.	ADDIT	IONAL	FEES			
Deposit Account Number		20-0668	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	
Deposit Account Name	Texas Ins	struments Incorporated	1051 1052	130	2051 2052	65	Surcharge - late filing fee Surcharge - late provisional filing fee or cover sheet.		
Charge any additional fee required or credit any overpayment Charge all indicated fees and any additional fee required or credit any overpayment			1053	130	1053	130	Non-English specification		
Orospaymone		order any everpayment	1812	2,520	1812	2,520	For filing a request for reexamination		
2. Payment Enclosed:			1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
Check Money Other			1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
FEE CALCULATION			1251	110	2251	55	Extension for reply within first month		
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Charge any add required or cred overpayment		Charge all indicated fees and any additional fee required or credit any overpayment	1053	130	1053	130	Non-English s	pecification	
Overpayment		creak any overpayment	1812	2,520	1812	2,520	For filing a req	uest for reexamination	
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			1253	950	2253	460	Extension of ti	me within third month	
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	ode (\$)	700 tale	1255	2,010	2255	980	Extension of ti	me within fifth month	
1001 770 20	001 370	Utility filing fee \$770	1401	330	2401	160	Notice of Appe	eal	
	002 165		1402	330	2402	160	• •	support of an appeal	——
	003 255		1403	290	2403	140	Request for or	al hearing	
	004 370		1451	1,510	1451	1,510	Petition to inst	itute a pubic use proceeding	\vdash
	005 80		1452	110	2452	55	Petition to revi	ve - unavoidable	——
1003 100 20		Provisional filing fee \$ SUBTOTAL (1) (\$)770	1453 1501	1,330 1,280	2453 2501	640 640	Petition to revi	ve - unintentional	
			1502	460	2502	230	Design issue for	,	
2. EXTRA CLA	AIM FEES		1503	620	2503	310	Plant issue fee		
			1460	130	1460	130		Commissioner	
	Extra CI	Fee from aims below Fee Paid	1801	770	2801	370	Request for Co	ontinued Examination (RCE)	<u></u>
Tatal Olaton			1806	180	1806	180	Submission of	Information Disclosure Stmt.	
Total Claims 34	-20**= 14	x 18 = 252	8021	40	8021	40	Recording eac	ch patent assignment per	
Independent 3 Claims	-3** = 0	x 86 = 0	1809	740	2809	370	properly (time	number of properties)	
Multiple Dependent		260 =	1810	740	2801	370	CFR 1.129(a))	ssion after final rejection (37 ional invention to be	
**or number previously pai	id, if greater; For F	Reissue, see below		740	2001	370	examined (37		
	Small Entity								
	Fee Fee Code (\$)	Fee Description							
, · · ·	2202 9	Claims in excess of 20	Othe	er fee (s	pecify))			
1201 86	2201 42	Independent Claims in excess of 3							
1203 280 :	2203 140	Multiple dependent claims in excess of 3							
	2204 42	**Reissue independent claims over original patent	Othe	er fee (s	pecify)				
1205 18 ;	2205 9	**Reissue claims in excess of 20 and over original patent		and by O	-i- Fili-	- F D-:		0,070741 (0)	
		SUBTOTAL (2) (\$)252	Keal	aced by Ba	isic Eilli	Fee Paid	,	SUBTOTAL (3)	0
SUBMITTED BY								Complete (if applic	able)
Typed or Printed Name		Rose Algsa Keagy	A.	1				Reg. Number	35,095
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OUDMITTED DV	Complete (if app	Complete (if applicable)		
SUBMITTED BY				
Typed or Printed Name	Rose Akassa Keagy	Reg. Number	35,095	
`Signature	Marchaneo Newy 11/12/03	Deposit Account User ID		